

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032840

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 182

Primary Registration District No. 4296

Registrar's No. 18

FILED SEP 13 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Browning</b>		c. CITY OR TOWN <b>Browning</b>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL-NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Margaret Lucretia Quigley</b>		4. DATE OF DEATH Month <b>Sept</b> Day <b>8</b> Year <b>63</b>	
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/20/89</b>
9. AGE (last birthday) <b>74</b>		10. IF UNDER 1 YEAR Months <b>7</b> Days <b>4</b>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		12. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
13a. FATHER'S NAME <b>Davie W. Jennings</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Butler</b>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		15. SOCIAL SECURITY NO. <b>John Quigley</b>	
16. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>		17. INFORMANT <b>John Quigley</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		18. NAME OF HUSBAND OR WIFE <b>John Quigley</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b>	
20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
22. TIME OF INJURY Hour _____ a.m. _____ p.m.		23. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		25. CITY, TOWN, OR LOCATION <b>Browning</b>	
26. I attended the deceased from <b>July 15 1963</b> to <b>Sept 8 1963</b> and last saw her alive on <b>Sept 7 1963</b>		27. COUNTY <b>Mo.</b> STATE <b>Mo.</b>	
28. Death occurred at <b>12:35</b> on the date stated above, and to the best of my knowledge, from the causes stated.		29. SIGNATURE <b>JR Mace</b>	
30. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		31. DATE <b>9/10/63</b>	
32. NAME OF CEMETERY OR CREMATORY <b>Locust Valley</b>		33. LOCATION (City, town, or county) (State) <b>Browning Rural Mo.</b>	
34. FUNERAL DIRECTOR <b>Wade Funeral Home</b>		35. DATE RECD. BY LOCAL REG. <b>9/11/1963</b>	
36. REGISTRAR'S SIGNATURE <b>Lavonia M. Mace</b>		37. DATE SIGNED	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Gerald I. Wade*

Licensed Embalmer No.

*4172*

P. O. Address

*Browning*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.